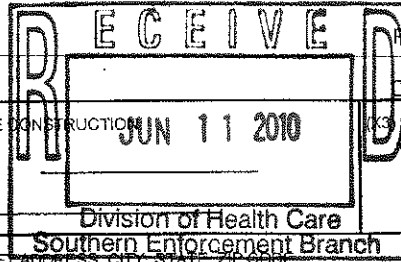


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/02/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2010
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE HEALTHCARE OF PIKEVILLE

260 SOUTH MAYO TRAIL
PIKEVILLE, KY 41501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide necessary services to maintain good personal hygiene for each incontinent resident. Interviews with residents and nursing staff revealed residents frequently had to wait four (4) hours or more to be provided with incontinence care due to an insufficient amount of staff.</p> <p>The findings include:</p> <p>Observations conducted on May 19, 2010, from 11:20 a.m. until 1:45 p.m., during the initial tour, of three incontinence care observations on residents #1, #2, and #5, revealed staff appropriately providing incontinence care to the residents. Skin observations were also performed during the incontinence care observations and revealed no broken areas; however, resident #2 was slightly reddened. The observations during the initial tour revealed the</p>	F 312	<p>Signature Health Care of Pikeville does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Elaine Jones Administrator 6/9/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	Continued From page 1 Restorative Aide and LPN #1 also providing incontinence care to the residents. Interviews conducted on May 19, 2010, from 11:20 a.m. until 1:45 p.m., during the initial tour, with residents #2, #5, #6, and #12, and resident #4's family member revealed there was not enough staff to provide incontinent care as needed by the residents. The interviews revealed the staff worked as hard as possible, however, was unable to provide incontinence care timely and the residents had to lie in urine for extended amounts of time. Resident #2 reported on May 6, 2010, incontinence care was provided at 6:30 a.m., and then was not provided again until 2:15 p.m., because there was not enough staff working the unit. The resident pointed to the resident's clock on the wall when asked how the resident timed the care. Resident #2 reported becoming raw and irritated due to lying in urine for an extended period of time. Resident #4's family member stated that the family member had to clean resident #4 on May 19, 2010, because there was not enough staff due to a call-in and the resident's brief was saturated with urine. Resident #5 reported that on May 18, 2010, the resident returned from therapy at 10:30 a.m., and informed the staff the resident had been incontinent and needed incontinence care. However, the staff did not provide incontinence care to resident #5 until 2:30 p.m. Resident #5 pointed at the clock on the wall and said the resident timed the wait with the clock. This incident was witnessed by resident #5's sitter. Resident #5 further reported being left on a bedpan for three hours on the night shift but denied any skin breakdown. Resident #5 stated a nurse was told about both incidents but nothing was done. Resident #6 stated there was not	F 312	F312 483.25 (a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS Corrective Action for Resident(s) Affected: Residents #2, #5, #6, #12, and #4 are currently receiving the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Residents are maintaining personal hygiene, through timely incontinence care, as indicated by the interventions established in the individual care plan of care for residents #2, #5, #6, #12, and #4. How the facility will act to protect residents in similar situations: A bowel and bladder assessment will be completed on all residents; any residents requiring a three day voiding pattern per their bowel and bladder assessment will be completed by 6/25/10. The three day voiding pattern will be completed by licensed nurse and C.N.A. team members and evaluated by the Restorative nurse. A review of each care plan will be conducted to ensure that the resident's toileting plan matches their care plan by 6/25/10. Any changes indicated by this review will be immediately addressed with an update of the care plan and the C.N.A care plan. The interdisciplinary team will interview all residents who are interviewable and the responsible party for all residents in regards to care concerns and care needs. This review will be completed by 6/25/10. Any concerns will be addressed immediately.		

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F 312	Continued From page 2 enough staff to assist the resident to the bathroom so the resident ambulated unassisted to the bathroom to keep from being incontinent. Resident #2 stated administrative staff was made aware of incontinence care not being provided timely and of the staffing shortage because the resident called the Administrator on the phone and told her and the Administrator hung up on the resident. However, the Administrator failed to implement any corrective actions. Interviews conducted on May 19, 2010, from 2:45 p.m. until 4:45 p.m., with SRNAs #2, #3, #4, #6, and #7 revealed incontinence care was required to be performed every two hours for residents that were incontinent. The interviews revealed the facility frequently, to almost daily, did not have enough staff to provide incontinence care every two hours. The staff revealed that during mealtime, which takes two to three hours, there was only one assistant on the floor to provide incontinence care and answer call lights. The interviews revealed that due to most of the residents on the South wing requiring two-person assistance staff was unable to provide incontinence care during the meal service. SRNA #3 stated that the staffing shortage had been worse over the month. SRNA #4 reported it was hard to provide three incontinence rounds in an eight-hour shift because there was not enough staff to provide the incontinence care and all the other duties required, such as meal service. SRNAs #3, #4, #6, and #7 reported finding residents' clothing/bed linens saturated with urine during the incontinence rounds due to not being changed in a timely manner. SRNA #6 reported at times residents wait four hours to receive incontinence care. SRNA #6 stated that resident #2 takes water pills and constantly dribbles and	F 312	Measures to prevent reoccurrence: All licensed staff will be in serviced on monitoring residents while making rounds or passing medications to ensure that residents needs are being met. All licensed staff and C.N.A.'s are being in serviced regarding the process for maintaining personal hygiene, specifically providing incontinence care according to the residents care plan. This education will include instruction regarding how to perform incontinence care, how resident care schedules are established, the importance of providing incontinence care according to schedule, and potential adverse effects of delayed incontinence care. Licensed staff and C.N.A.'s will also be educated regarding bowel and bladder programs and residents rights, abuse and neglect, customer satisfaction and completing assignments. In-services will be provided by the DON and Staff Development to be completed by 6/25/10. To ensure that incontinence rounds are being completed according to schedule, the Unit managers, or DON will initiate rounding every two hours to validate that residents have had incontinence care according to their plan of care. The nursing supervisor, or charge nurse, will be responsible for completing two hour rounding when the Unit Managers are not available and/or during night and weekend shifts.	

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F 312	<p>Continued From page 3</p> <p>needs incontinence care more than every two hours. SRNA #7 stated that residents in wheelchairs during the day were also found soaked in urine frequently. The interviews revealed administrative staff was aware of the staffing shortage, however, failed to implement any corrective actions.</p> <p>An interview conducted on May 19, 2010, at 4:05 p.m., with the Staff Development Coordinator (SDC) revealed residents were to receive incontinence care every two hours. The SDC reported monitoring incontinence care once a week by auditing 20 percent or 16 residents to verify the residents were clean and dry. The SDC stated the audits were performed every Friday on different shifts. The interview revealed the SDC had not found any problems with incontinence care. The SDC stated that if a nursing assistant calls in then one of the assistants on the shower team gets pulled to work the floor. However, on Wednesday, May 19, 2010, a nursing assistant called in and the shower team does not work on Wednesday, so there was no additional nursing assistant pulled to the South wing for coverage until later that afternoon when a nursing assistant came in a few hours early.</p> <p>An interview conducted on May 20, 2010, at 9:00 a.m., with the Director of Nursing (DON) revealed the facility staff was required to provide incontinence care to incontinent residents every two hours. The interview revealed the administrative staff did not feel there was a staffing shortage.</p> <p>Review of a list of residents that were incontinent revealed there were 25 residents requiring incontinence care every two hours. The list</p>	F 312	<p>Monitoring of Corrective Action: The DON and the unit managers will review 20% of residents monthly to ensure interventions are being provided accurately and timely, as established by the residents care plan. The Administrator and Social Services Director will interview 20% of residents and/or resident's responsible party to ensure that residents who are unable to carry out activities of daily living are receiving the necessary services to maintain good personal hygiene. The results will be reported to the quality assurance committee monthly for three months for recommendations and follow-up as indicated.</p> <p>Completion date: 6/25/10</p>		

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F 312	Continued From page 4 revealed that 23 of the incontinent residents required the assistance of two staff persons for incontinence care. The facility administrative staff timed the meal service on May 20, 2010, and verified that meal services lasted from an hour and 45 minutes to two hours. A review of resident #2's grievance dated April 5, 2010, revealed the resident reported that it took two hours to receive requested incontinence care on April 3, 2010, and one hour to receive requested incontinence care on April 4, 2010. The grievance form revealed the SRNA was questioned and the SRNA said that it took 30 minutes to get to resident #2 due to being with another resident.	F 312			
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this	F 353	F353 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS Corrective Action for Resident(s) Affected: Residents #2, #5, #6, #12, and #4 are currently receiving the necessary services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident's assessments and individual plans of care. Residents are maintaining personal hygiene, through timely incontinence care provided by nursing staff, as indicated by the interventions established in the individual care plan of care for residents #2, #5, #6, #12, and #4.		

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F 353	<p>Continued From page 5</p> <p>section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide nursing and related services to attain/maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by the residents' assessments and individual plans of care. Interviews with residents and nursing staff revealed there was not a sufficient amount of nursing staff to provide residents with the required incontinence care. The interviews revealed residents frequently had to wait four (4) hours or more to be provided with incontinence care due to an insufficient amount of staff.</p> <p>The findings include:</p> <p>Observations conducted on May 19, 2010, from 11:20 a.m. until 1:45 p.m., during the initial tour, of three incontinence care observations on residents #1, #2, and #5, revealed staff appropriately providing incontinence care to the residents. Skin observations were also performed during the incontinence care observations and revealed no broken areas; however, resident #2 was slightly reddened. The observations during the initial tour revealed the Restorative Aide and LPN #1 also providing incontinence care to the residents.</p> <p>Interviews conducted on May 19, 2010, from 11:20 a.m. until 1:45 p.m., during the initial tour,</p>	F 353	<p>How the facility will act to protect residents in similar situations: The facility will ensure that there is sufficient nursing staff to provide nursing and related services as determined by resident assessments and individual plan of care. In reviewing C.N.A. assignments, if assigned staff is unable to provide services according to plan of care, the C.N.A. will report to licensed nurse, at anytime during the shift that an issue is identified. The licensed nurse will facilitate immediate assistance by actively assisting with care and/or alerting administrative staff who will ensure that sufficient nursing staff is allocated to provide care.</p> <p>A bowel and bladder assessment will be completed on all residents; any residents requiring a three day voiding pattern per their bowel and bladder assessment will be completed by 6/25/10. The three day voiding pattern will be completed by licensed nurse and C.N.A. team members and evaluated by the Restorative nurse. A review of each care plan will be conducted to ensure that the resident's toileting plan matches their care plan by 6/25/10. Any changes indicated by this review will be immediately addressed with an update of the care plan and the C.N.A care plan.</p> <p>The interdisciplinary team will interview all residents who are interviewable and the responsible party for all residents in regards to care concerns and care needs. This review will be completed by 6/25/10. Any concerns will be addressed immediately.</p>		

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F 353	Continued From page 6 with residents #2, #5, #6, and #12, and resident #4's family member revealed there was not enough staff to provide incontinence care as needed by the residents. The interviews revealed the staff worked as hard as possible, however, was unable to provide incontinence care timely and the residents had to lie in urine for extended amounts of time. Resident #2 reported on May 6, 2010, incontinence care was provided at 6:30 a.m., and then was not provided again until 2:15 p.m., because there was not enough staff working the unit. The resident pointed to the resident's clock on the wall when asked how the resident timed the care. Resident #2 reported becoming raw and irritated due to lying in urine for an extended period of time. Resident #4's family member stated that the family member had to clean resident #4 on May 19, 2010, because there was not enough staff due to a call-in and the resident's brief was saturated with urine. Resident #5 reported that on May 18, 2010, the resident returned from therapy at 10:30 a.m., and informed the staff the resident had been incontinent and needed incontinence care. However, the staff did not provide incontinence care to resident #5 until 2:30 p.m. Resident #5 pointed at the clock on the wall and said the resident timed the wait with the clock. This incident was witnessed by resident #5's sitter. Resident #5 further reported being left on a bedpan for three hours on the night shift but denied any skin breakdown. Resident #5 stated a nurse was told about both incidents but nothing was done. Resident #6 stated there was not enough staff to assist the resident to the bathroom so the resident ambulated unassisted to the bathroom to keep from being incontinent. Resident #2 stated administrative staff was made aware of incontinence care not being provided	F 353	<p>Measures to prevent reoccurrence: All licensed staff and C.N.A.'s will be in serviced regarding the process for maintaining personal hygiene, specifically providing incontinence care according to the residents care plan. This education will include instruction regarding how to perform incontinence care, how resident care schedules are established, the importance of providing incontinence care according to schedule, and potential adverse effects of delayed incontinence care. Licensed staff and C.N.A.'s will also be educated regarding bowel and bladder programs and residents rights, abuse and neglect, customer satisfaction and completing assignments. In-services will be provided by the DON and the Staff Development Coordinator to be completed by 6/25/10.</p> <p>Monitoring of Corrective Action: The DON and the unit managers will review 20% of residents monthly to ensure interventions are being provided accurately and timely, as established by the residents care plan. The Administrator and Social Services Director will interview 20% of residents and/or resident's responsible party to ensure that residents who are unable to carry out activities of daily living are receiving the necessary services to maintain good personal hygiene. The results will be reported to the quality assurance committee monthly for three months for recommendations and follow-up as indicated.</p> <p>Completion date: 6/25/10</p>		

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F 353	<p>Continued From page 7</p> <p>timely and the staffing shortage because the resident called the Administrator on the phone and told her and the Administrator hung up on the resident. However, the Administrator failed to implement any corrective actions.</p> <p>Interviews conducted on May 19, 2010, from 2:45 p.m. until 4:45 p.m., with SRNAs #2, #3, #4, #6, and #7 revealed incontinence care was required to be performed every two hours for residents that were incontinent. The interviews revealed the facility frequently, to almost daily, did not have enough staff to provide incontinence care every two hours. The staff revealed that during mealtime, which takes two to three hours, there was only one assistant on the floor to provide incontinence care and answer call lights. The interviews revealed that due to most of the residents on the South wing requiring two-person assistance staff was unable to provide incontinence care during the meal service. SRNA #3 stated that the staffing shortage had been worse over the month. SRNA #4 reported it was hard to provide three incontinence rounds in an eight-hour shift because there was not enough staff to provide the incontinence care and all the other duties required, such as meal service. SRNAs #3, #4, #6, and #7 reported finding residents soaked with urine during the incontinence rounds due to not being changed in a timely manner. SRNA #6 reported at times residents waited four hours to receive incontinence care. SRNA #6 stated that resident #2 takes water pills and constantly dribbles and needs incontinence care more often than every two hours. SRNA #7 stated that residents in wheelchairs during the day were also found soaked in urine frequently. The interviews revealed administrative staff was aware of the</p>	F 353			

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F 353	<p>Continued From page 8</p> <p>staffing shortage, however, failed to implement any corrective actions.</p> <p>An interview conducted on May 19, 2010, at 4:05 p.m., with the Staff Development Coordinator (SDC) revealed residents were to receive incontinence care every two hours. The SDC reported monitoring incontinence care once a week by auditing 20 percent or 16 residents to verify the residents were clean and dry. The SDC stated the audits were performed every Friday on different shifts. The interview revealed the SDC had not found any problems with incontinence care. The SDC stated that if a nursing assistant calls in then one of the assistants on the shower team gets pulled to work the floor. However, on Wednesday, May 19, 2010, a nursing assistant called in and the shower team does not work on Wednesday, so there was no additional nursing assistant pulled to South wing for coverage until later that afternoon when a nursing assistant came in a few hours early.</p> <p>An interview conducted on May 20, 2010, at 9:00 a.m., with the Director of Nursing (DON) revealed the facility staff was required to provide incontinence care to incontinent residents every two hours. The interview revealed the administrative staff did not feel there was a staffing shortage.</p> <p>A review of a list of residents that were incontinent revealed there were 25 residents requiring incontinence care every two hours. The list revealed that 23 of the incontinent residents required the assistance of two staff persons for incontinence care.</p> <p>The facility administrative staff timed the meal</p>	F 353			

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 353	Continued From page 9 service on May 20, 2010, and verified that meal services lasted from an hour and 45 minutes to two hours. A review of resident #2's grievance dated April 5, 2010, revealed the resident reported it took two hours to receive requested incontinence care on April 3, 2010, and one hour to receive requested incontinence care on April 4, 2010. The grievance form revealed the SRNA was questioned and said that it took 30 minutes to get to resident #2 due to being with another resident.	F 353			